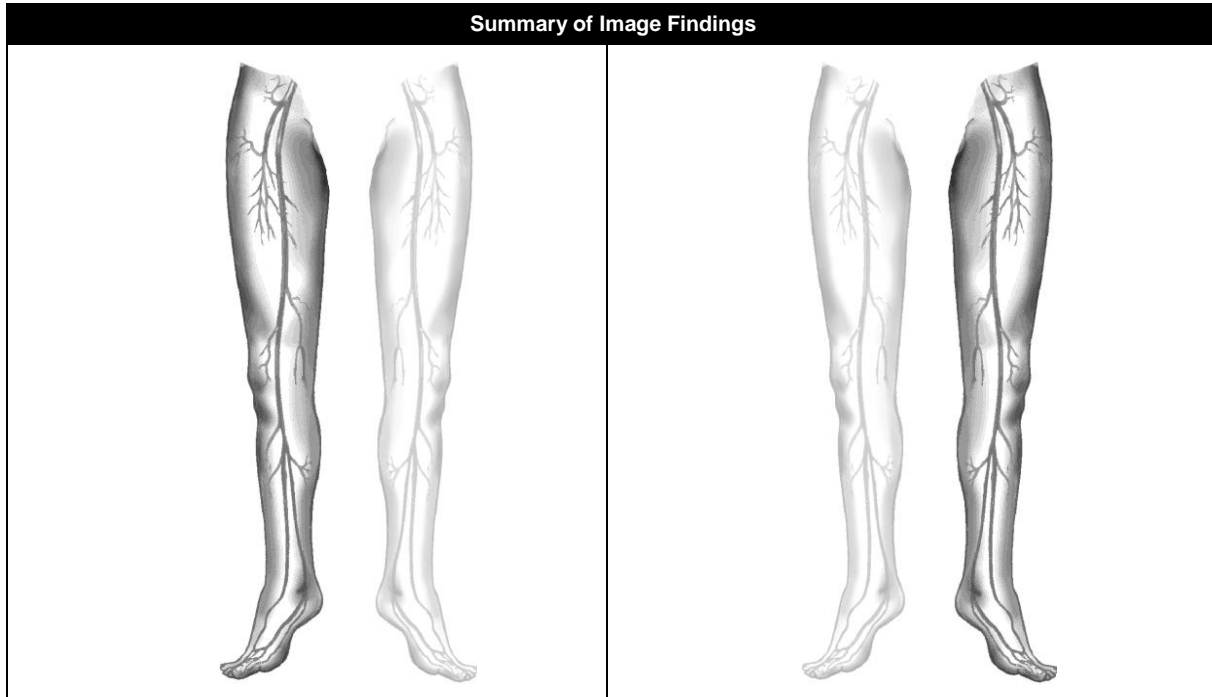


Lower Extremity Venous Technical Data Worksheet

Name:	MR #:	Date:
Indication:		Done by:
Comments:		



	Compression		Reflux		Augmentation		Phasic		Spontaneous	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
CFV:										
SFV prox:										
SFV mid:										
SFV distal:										
Popliteal V:										
PTV prox:										
PTV mid:										
PTV distal:										

Technical comments:

Technical data and commentary only; this document does not constitute a formal medical impression or final report.